PTO/SB/06 (09-03) ad for use through 7/31/2008, OMB 0651-0032

	Under the Paperwo					_		ormetion unite				
	PAT	ENT APPLIC	NY APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application of Doctor Montes 30		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		ok.	OTHER THAN SMALL ENTITY		
	FOR	FOR STUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE	
	BASIC FEE (37 CFR 1.16(a))					1			OR			
	TOTAL CLAIMS	19	minus 20 =			1	x 8 •		OR	x 3 •		
	INDEPENDENT CLAIR (37 CFR 1.16(b))	DEPENDENT CLAMS 7 CFR 1.16(b)) atimas 3 =					× 5 •		QR.	x s=		
	MULTIPLE DEPENDE	MULTIPLE DEPENDENT CLAIM PRESENT (ST CFR 1.18(d))							OR	+1		
	" If the difference in column 1 is less than zoro, enter "0" in column 2.						TOTAL		OR	TOTAL		
	CLAIMS AS AMENDED - PART II									**	•	
		(Column 1) (Column 2) (Column 3)					SMALL ENTITY			OTHE! SMALL	R THAN ENTITY	
//	A T	CLAIMS REMAINING AFTER AMENDMENT	Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
אונוו	Note in the contract of the co	17	Alinus **	20	8	1	x 8=		OR	× 8		
احماقا	Z Independent (D) OFR 1,14(N)	. 3	Minus	3	-	1	X 8=		OR	×4•		
	FIRST PRESENT	ATION OF MELTIPLE	. 0676106117	CLAIM OF CE	R 1.18(10)	1	+5=		OR	+5=		
'							TOTAL ADOL FEE		- OR	TOTAL ADOL FEE		
	(Column 1) (Column 2) (Column 3)						•					
	9/16	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	í	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total prostukto	. 17	Minus **	20	• /		x \$=		OR	x s=	/	
	independent (17 CFR 1,14(bi))	. 2	Minus	3	• /		X 8 =		OR	x 8		
,	FIRST PRESENT	ATION OF MULTIPLE	DEPENDENT	EPENDENT CLAIM (ST CFR 1.15(4))			+5		OR	+=		
	010-11				/		ADO'L FEE		OR	ADDIVIEE		
	3/3-07 (Column 1) (Column 2) (Column 3)									_/_		
	() E	CLAIMS REMAINING AFTER AMENDMENT	Pf	HIGHEST MUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		rate	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
ŀ	Total :37 CFR 1.180(t)	17	Minus	Ð	. !	Ι[X 8=		OR	X 5=	1	
. ,	Moderation and the	2	Minus ***	3	•		x 4=		OR	x s=		
į	FIRST PRESENTA	ATION OF MULTIPLE	DEPENDENT (CLAIM (37 CF)	R 1.16(0)		+8		OR	+ 5a		
	1,7,						ADOL FEE		OR	TOTAL ADD'L FEE		
	If the eftry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "If "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
	rootal to noit.	ution is required t	by 37 CFR 1.	.16. The infort	nation is requir	red t	o obtain or reta	in a bonedi b	the pub	ic which is to fil	e (and by the	
ir O	n:	application. Confidence pering, and submit to require to compl J.S. Department of Commissioner for	ing the comp lete this form Commerce, I	isted application and/or suggest P.O. Box 1450	on form to the t tions for reducit , Alexandria, V/	JSP1 ing th A 22:	FO. Time will ver dis burden, ethou 313-1460, DO N	ry depending o	pon the i	ndividual case. A	ary comments	

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.